PTO/SB/17 (01-06)

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Chicar sile Paperwork Reducation Act of Tasis Tild persons alle required to re			IIU CIVIS CONTIOI NUMBER		
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Complete if Known				
FEE TRANSMITTAL	Application Number	10/716,469			
	Filing Date	November 20, 2003			
For FY 2006	First Named Inventor	Timothy M. HSIEH et al.			
Applicant claims small entity status. See 37 CFR 1,27	Examiner Name	Martin J. Angebranndt			
	Art Unit	1756			
TOTAL AMOUNT OF PAYMENT (\$) 60.00	Attorney Docket No.				
METHOD OF PAYMENT (check all that apply)					
Check Credit Card Money Order None Other (please identify):					
✓ Deposit Account Deposit Account Number: 50-2961	Deposit Account N	me: Min, Hsieh & Ha	ck LLP		
For the above-identified deposit account, the Director is he	reby authorized to: (check	all that apply)			
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee					
Charge any additional fee(s) or underpayments of fe under 37 CFR 1.16 and 1,17	e(s) 🗸 Credit any ov	erpayments			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
FEE CALCULATION (All the fees below are due upon fi	ling or may be subject	t to a surcharge.)			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES			-		
FILING FEES SEAF Small Entity		MINATION FEES			
Application Type Fee (\$) Fee (\$)	Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)		
Utility 300 150 500	250 20				
Design 200 100 100	50 13) 65 _			
Plant 200 100 300	150 160	0 80 _			
Reissue - 300 150 500	250 60	300 _			
Provisional 200 100 0	0	0 0 _			
2. EXCESS CLAIM FEES			III Entity		
Fee Description Each claim over 20 (including Reissues)	Fee (\$) F	ee (\$) 25			
Each independent claim over 3 (including Reissues)		200	100		
Multiple dependent claims		180			
Total Claims		Multiple Depend			
~ 20 or HP = x =			Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20, Indep. Claims Extra Claims Fee (\$) Fee	Paid (\$)				
3 or HP = x =					
HP = highest number of independent claims paid for, if greater than 3.					
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer 					
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50					
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)					
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)					
Other (e.g., late filing surcharge): One Month Extension of Time 60.00					
UBMITTED BY					

SUBMITTED BY			
Signature	X-C	Registration No. (Attorney/Agent) 44,436	Telephone 703-P17-000 od
Name (Print/Type) Anderson I, Chen		Date : August 14, 2006	

This oblication of information is required by 3T CFR 1.133. The information is required to obtain or relatin is bornel by the graph out-of-in to be find by the USFT DI processor, an application. Condenduality is powered by 34 U.S.C. 222 and 3T CFR 1.14. This collection is neitherned to include a control including pathering, preparing, and submitting the completed application form to the USFT.D. Time will vary depending upon the individual cause. Any comments on the amount of thin you require to complete his form and/or suggestions for reducing his burner, chould be a since the Different Configure U.S. Preter and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandriq, VA 22313.1469. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissional for Part Patrice, P.O. Box 1450, Alexandriq, VA 22313.1469. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissional for Patrice, P.O. Box 1450, Alexandriq, VA 22313.1469.